



www.hollyhops.co.uk
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Veterinary Release Form

Pet Information

Name _____ Pet/s name/s _____

Address _____

Postcode _____ Contact Tel _____ email _____

Vet Information

Vet Name _____ Telephone _____

Address _____

Known medical conditions _____

During my absence, Holly Hops will be caring for my pet(s). In the event of an emergency, I authorise you(veterinarian) to administer medical treatment and I will be responsible for payment to you (veterinarian) upon my return.

I, _____, give Holly Hops permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise Holly Hops to transport my pet(s) to a veterinarian of choice and authorise treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to Holly Hops to approve treatment up to £ _____ (insert £ amount or "no limit"). I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

I agree to authorise veterinarian to euthanize my pet in EXTREME circumstances after all reasonable attempts have been made to reach me or my emergency contact.

In the event of my pet's death, I would like the pet cremated / kept at vet/ other: _____

I agree that Holly Hops is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

This release will remain valid for all current and future visits unless a new release form is signed.

Signed _____ **Date** _____